Equality Impact Assessment

Equality Impact Assessment - Adult Social Care Medium-Term Financial Strategy 2024/25

Did you use the EIA Screening Tool?

No

1. Explaining the matter being assessed

Summarise the strategy, policy, service(s), or function(s) being assessed. Describe current status followed by any changes that stakeholders would experience.

This Equality Impact Assessment (EIA) evaluates the potential impact upon people and staff with protected characteristics of the 2024/25 Adult Social Care (ASC) Medium-Term Financial Strategy (MTFS). Transformational changes are being made to policy, function and services across the Directorate to drive through the efficiencies needed.

This assessment will help us build up a profile of residents and staff with protected characteristics who may be affected by these changes. It will provide insight to help break down any barriers to accessing services, mitigate any potential negative impacts and maximise positive impacts. It will help us meet our commitment in the Community Vision 2030 to "tackling inequality and ensuring no-one is left behind". Assessing the impact of these changes on people with protected characteristics is an important part of our compliance with duties under the Equality Act 2010.

This EIA is not intended to support individual decisions around changes to service provision. To the extent that changes are proposed that require consultation and Cabinet approval, individual EIAs will be produced. The efficiency savings identified for 2024/25 in ASC are as follows:

Efficiency	Description	2024/25 £m
Demand management - Older People Demand management - Physical & Sensory Disabilities	Mitigating some of the cost of increased demand for ASC services included in pressures based on the current demand trajectories for each client group through a range of actions including embedding strengths based practice, redesigning the front door, utilising technology enable care services, maximising the benefit of reablement services	(1.3) (0.1)
Demand management - Transition for Learning Disabilities & Autism Demand management - Mental Health	Mitigating some of the cost of increased demand for ASC services included in pressures based on the current demand trajectories for each client group through a range of actions including embedding strengths based practice, redesigning the front door, utilising technology enable care services, maximising the benefit of reablement services	(0.1) (0.2)
Remodel Learning Disabilities & Autism day support services	Continue to move towards a more personalised approach to supporting people during the day, including reducing reliance on institutionalised building based services	(0.3)

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Efficiency	Description	2024/25 £m
Review and remodel transport arrangements to and from ASC care settings	Reduce the scale of transport to institutionalised building based day services in line with the approach to move towards a more personalised approach to supporting people during the day	(0.1)
Strategic shift from Learning Disability / Autism residential care to independent living	Where appropriate and subject to review of people's needs, support people to move from institutionalised residential care to supported independent living services in the community. This will be facilitated through delivering SCC's ambition to drive the development of 500 new supported independent living units, including some on Council owned land	(0.3)
Learning Disabilities & Autism strength based reviews	Reviews of additional personalised support for residential care and supported living care packages to check it is still set an appropriate level for people who are well settled in their care settings	(0.5)
Expand affordable Extra Care Housing county-wide offer for Older People	Develop new affordable Extra Care Housing schemes on SCC owned land and secure nomination rights for ASC funded clients. SCC has an ambition to create 725 new affordable Extra Care Housing units by 2030	
Improved purchasing of Older People nursing/residential placements	Purchase 80% of Older People nursing & residential care placements at SCC's affordable guide prices and limit the cost of placements purchased above guide prices through effective management of the SCC's Dynamic Purchasing System	(1.5)
Improved purchasing of Home Based Care packages	Improve the average price at which ASC purchases home based care services by maximising usage of more affordable capacity in the market based on continued development of the Approved Provider List dynamic purchasing system	(0.2)
Market absorption of price inflation	Reduction on the gross budgeted price inflation on care packages and contracts on the basis that SCC asks providers to deliver efficiencies to absorb a proportion of the gross budgeted inflation	(9.1)
Review of Older People in-house services	The final savings related to the completion of the closure of 8 Older People residential care homes operated in-house by the Council following the decision made by Cabinet in February 2022 to close the homes	(6.1)
Review of Learning Disability in-house services	The remaining full year effect of efficiencies achieved through the conversion of services at the Rodney and Langdown sites from residential to supported independent living	(0.3)
Review of Extra Care in-house services	ASC is ceasing to provide in-house staffing resources in some Extra Care Housing settings. Care packages with external ASC providers will be sourced for people in these settings with eligible needs under the Care Act	(1.0)

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Efficiency	Description	2024/25 £m
Out of county care packages	Reducing expenditure on people who are receiving care funded by SCC outside of Surrey through either transferring to the host local authority where appropriate, ensuing appropriate funding from local health commissioners or supporting people to move back into Surrey with better outcomes at lower cost	(1.0)
Workforce redesign	Efficiencies to be identified through ASC's workforce redesign programme	(1.0)
Discretionary services	Removal of budgets for discretionary services where there is not clear evidence that they are preventing care package demand	(0.4)
Total Efficiencies		**(23.5)**

How does your service proposal support the outcomes in <u>the Community Vision for Surrey 2030</u>?

- Everyone gets the health and social care support and information they need at the right time and place.
- Communities are welcoming and supportive, especially of those most in need, and people feel able to contribute to community life.

Are there any specific geographies in Surrey where this will make an impact?

- County-wide

Assessment team

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- Bal Kaur, Interim Deputy Executive Director (DASS) for Adult Social Care

- Charlotte Langridge, Business Intelligence Lead for Adult Social Care - Intelligence and insight

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2. Service Users / Residents

AGE

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The usually resident population of Surrey, counted by the 2021 Census, was 1,203,108. This represents an increase of 70,718 (6.2%) since 2011. The largest 5 year cohort across Surrey are those aged 50-54 years, with a population of 87,327. The fastest growing cohort compared to previous Census are those aged 70-74, with a growth of 34.1% (an additional 14,869 persons) and reflects the post-WWII baby boom. Other older age groups have also increased - those aged 75-79 by 18.1%, and those aged 80 or older by 14.6%. The overall effect of this is that Surrey's population is made up of a large and growing proportion of people aged over 70s. Health and age are closely related, with older people being more likely to be in poorer health and needing social care and support.

Surrey residents have longer life expectancies than the South East as a whole. This means that because the South East has longer life expectancies than England, Surrey residents have longer life expectancies than most of the country. Surrey men aged 65 in 2017 to 2019 are expected to live an additional 20.3 years, with 12.7 of these in good health and 12 disability-free. Women aged 65 in 2017 to 2019 are expected to live slightly more additional years (2.3 more years than men) as they are expected to live 22.6 years after 65. However, while women in Surrey are expected to live longer after 65 in good health (14.1 years compared to 12.7 for men), they have a similar number of expected additional years (around 12) which are disability-free to their male counterparts. Women are therefore expected to live more years which are not disability-free than men[1].

The Rapid Needs Assessment conducted in the aftermath of the first major coronavirus lockdown, identified reduced access to services particularly for digitally excluded individuals who do not have access to equipment or are unable to receive support remotely. Concerns about loss of contact with mental health services are especially serious for older adults with mental health disabilities such as dementia. According to most recent estimates there are 15,400 with dementia in Surrey although only 64% of these (10,000) have been officially diagnosed. This could rise as the population ages[2].

The number of people supported by Adult Social Care by age range:

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[1]   Surrey Index
[2]   Surrey Covid-19 Community Impact Assessment "Older people … Rapid Needs Assessment", 2020

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Age Band	Number of open cases	% of open cases
Under 18	252	1.1%
18-44	4,827	20.7%
45-54	2,350	10.1%
55-64	3,462	14.9%
65-74	2,920	12.6%
75-84	4,134	17.8%
85-94	3,984	17.1%
95+	818	3.5%
Not Known	506	2.2%
Total	**23,253**	100.0%

Source - LAS 11 September 2023

Service users and residents could be **impacted in a positive or negative way** as follows:

+ People of all ages will have a more seamless and consistent experience when they contact ASC, with improved signposting and triaging of their needs (Demand Management).

+ Older people will receive targeted support following hospital discharge to reduce their long term care needs (Demand Management)

+ Family carers of 70yrs+ will be offered more effective support and engagement in early planning for the future wellbeing, support and financial arrangements etc of their adult child with learning disability and/or autism (LD&A Reviews).

+ Offering young adults transitioning into adult services the opportunities we are creating for working age adults eg travel training, support into employment, independent living (Demand Management).

+ It will encourage a more creative and age-appropriate response by care providers in the services and opportunities they offer (LD&A Reviews).

+ There may be opportunities for people with a learning disability over 65 years of age to move to more age-appropriate services with their peer age group (LD&A Reviews).

+ Residents of all ages will be encouraged to explore the care and support their family, friends and local community can provide to meet their needs, encouraging creativity and people to continue to play an active part in their community (Demand Management).

+ Reablement services will support more older people and working age adults with a disability in a community setting, rather than simply on discharge from hospital (Demand Management).

+ Technology Enabled Care (telehealth and telecare) will support people of all ages to live independently in the community and provide reassurance to their family/carer (Demand Management).

+ In the long term there will be an increase in the availability and range of Extra Care Housing to enable older people to remain independent, in their own homes and in their local community for longer (Extra Care Housing).

- Some older people may struggle with the shift to a 'digital first' approach although provision will always be made for those who are digitally excluded (Demand Management).

- Older residents may not have the same ability to access community-based support services because of their mobility, cognition etc (Demand Management).

- The shift towards more creative and informal care may generate anxiety for people of all ages (Demand Management).

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- Decisions around placements may mean older people needing residential/nursing care, are offered a setting in any part of the county which may be at a distance from their family and current community networks (Older People Nursing/Residential Placements).

- Removal of budgets for discretionary services, such as dementia navigators, may mean a loss of support for families and older people living with dementia (Discretionary Services).

- There may be increasing demands placed upon the voluntary, community and faith sector from people of all ages through the withdraw of some discretionary services (Demand Management; Discretionary Services).

- There may be quality assurance and safeguarding issues around the care provided by family, friends and community networks for people of all ages, how this is assured and to whom concerns should be raised (Demand Management).

- Consultation on the future of the residential care homes owned and operated by the Council may cause anxiety for the older people living in those settings (Older People in-house services).

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Ensure access and on-going communication channels are available for people of all ages who are digitally excluded.

- Identify family carers 70yrs+ and offer effective support and engagement using the family carers network to assist in conversations.

- Improve the flow of information and data from Children's Services about children and young people expected to transition into Adult Social Care.

- Introduce more specificity to support plans with clearer personalised outcomes that fully explore the use of universal services and creative solutions that deliver these outcomes and best value for money.

- Work with the market to grow the provision of independent living accommodation.

- Ensure commissioners and care providers continue to co-design services with and listen to the voices of people who use services and their carers.

- Continue to secure personalised packages of care to meet the changing needs of people over 65 years of age.

- Continue to embed strengths-based practice – a collaborative approach between the person and those supporting them, to determine an outcome that draws on the person's strengths and assets.

- On-going development of a therapy led reablement service.

- Strengthen the range of Technology Enabled Care on offer to people of all ages.

- Continue work to deliver 725 units of affordable Extra Care Housing by 2030 for older people.

- Explore how family, friends and the local community can support older and working age residents to access community-based services.

- Ensure staff take the time to listen to, and respond to, anxieties so that people of all ages feel reassured.

- Look for creative ways to make the setting on offer work for families.

- Facilitate a broad discussion with families including the option of top-up arrangements (additional cost of providing preferred accommodation, over and above the amount in a person's personal budget) to extend choice.

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- Continue to collaborate with partners to support and expand the role of the voluntary, community and faith sector.
- Ensure staff are equipped to support people in taking proportionate risks and safeguarding procedures are adhered to.
- Ensure Surrey residents, carers, community groups and all other stakeholders are clear about how quality and/or safeguarding concerns can be raised and with whom.
- On-going engagement with a range of stakeholders, including residents, their families and advocates.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

None

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

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DISABILITY

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

In the 2021 census, 5.1% (61,835) of the population in Surrey were classified as disabled under the Equality Act where their day-to-day activities were limited 'a lot' and 8.7% (104,266) residents were classified as disabled under the Equality Act, whereby their day-to-day activities were limited 'a little'.

Analysis of data from the Understanding Society study found that, taking account of pre-pandemic trajectories, mental health has worsened substantially (by 8.1% on average) as a result of the pandemic. Groups have not been equally impacted; young adults and women – groups with worse mental health pre-pandemic – have been hit hardest. There may also be a greater impact on people with pre-existing long-term conditions and those are clinically vulnerable as well as those with drug and alcohol dependencies.

Number of people supported by Adult Social Care by primary reason for support:

Primary Support Reason	Number of open cases	% of open cases
Learning Disability Support	3,965	20.0%
Mental Health Support	2,705	11.6%
Physical Support - Access and Mobility Only	1,500	6.4%
Physical Support - Personal Care Support	7,583	32.6%
Sensory Support - Support for Dual Impairment	65	0.3%
Sensory Support - Support for Hearing Impairment	130	0.6%
Sensory Support - Support for Visual Impairment	145	0.6%
Missing/Null[3]	3,096	13.4%
Social Support - Asylum Seeker Support	0	0.0%
Social Support - Substance Misuse Support	115	0.5%
Social Support - Support for Social Isolation/Other	170	0.7%
Social Support - Support to Carer	2,948	12.7%
Support with Memory and Cognition	833	3.6%
Total	23,256	100.0%

Source - LAS 11 September 2023

Service users and residents could be **impacted in a positive or negative way** as follows:

+ The move to more independent travel arrangements will mean people with disabilities will be encouraged to learn new skills and to grow their independence (Remodel Transport).

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[3] Where person hasn't yet had an assessment or assessment is incomplete

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+ Commissioners and care providers will continue to co-design new services and listen to the voice of people with a disability in shaping services to meet need (Older People Nursing/Residential Placements).

+ More opportunities for people with a disability to explore alternative community-based solutions and different living arrangements (Strategic Shift to Independent Living).

+ Residents with a disability will be encouraged to have a more detailed discussion, exploring what care and support their family, friends and local community can provide to meet their needs, encouraging creativity and people to continue to play an active part in their community (Demand Management).

+ There will be a focus upon ensuring people with a disability have access to universal health care and screening at the right age/time in their lives (LD&A Reviews).

+ Reablement services are being reshaped to support more people with a disability in a community setting, rather than simply on discharge from hospital (Demand Management).

+ A more holistic approach to all aspects of people's mental health care and support (Demand Management).

+ Technology Enabled Care (telehealth and telecare) will support people with a disability to live independently in the community and provide reassurance to their family/carer (Demand Management).

+ Expanding the development of new supported independent living provision will mean people with disabilities are offered a setting closer to their family and support network (Strategic Shift to Independent Living).

+ Being supported to move back into Surrey from out of county placements could mean better outcomes for people with disability and living closer to family (Out of County Care Packages).

- Placing people with a disability in community (rather than residential) settings may be perceived by families/local residents as a risk to the individual and the community (Strategic Shift to Independent Living).

- The move to more independent travel arrangements may cause some initial anxiety for people who use services and their carers (Remodel Transport).

- The shift towards more creative and informal care may generate some initial anxiety for people with a disability (Demand Management).

- There may be increasing demands placed upon the voluntary, community and faith sector from people with a disability (Demand Management; Discretionary Services).

- There may be quality assurance and safeguarding issues around the care provided by family, friends and community networks for people with a disability, how this is assured and to whom concerns should be raised (Demand Management).

- Any shift towards digital could disadvantage people with a disability who are less likely to use the internet, encounter more physical difficulties using digital etc (Demand Management).

- Moving back into Surrey from out of county placements could mean disruption and loss of existing friendships and networks of support for people with a disability (Out of County Care Packages).

- The cost of living crisis has a disproportionate impact on people with disability eg heating and may compound any negative impacts arising from the efficiencies identified.

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

• Work to co-design and reshape services by listening to the voice of people with a disability through our user and carer partners and networks.

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- Continue to embed strengths-based practice.

- Continue to grow staff knowledge of local community-based resources by working with their Community & Prevention officers to understand the resources available and where there are gaps to fill. Using the Councils Connect to Support Surrey directory of services.

- Embedding the Surrey Choices 'changing days' programme and expansion of the 'shared lives' offer.

- Work with health and community partners to deliver the LD Health/Complex Needs change programme.

- On-going development of a therapy led reablement service.

- On-going work across the system to align services and integrate the approach to mental health with physical health and social wellbeing.

- Continued professional development of mental health staff including Care Act, strengths-based practice, motivational interviewing etc.

- Strengthen the range of Technology Enabled Care on offer to people with a disability.

- Continue delivering the 'move on' project to support people to move from residential to independent living.

- Continue delivering the programme of deregistration to support providers shift from residential to independent living.

- Continue to collaborate with provider partners to develop new supported independent living provision to complement any additional capacity developed by SCC.

- Ensure people are equipped and their needs are suitable to access community resources.

- Ensure robust safeguarding arrangements are in place.

- Use success stories to reassure families/local residents.

- Ensure staff take the time to listen to, and respond to, anxieties so that people and their families feel reassured.

- Continue to work as place leaders to support and expand the role of the voluntary, community and faith sector.

- Continue to work corporately to ensure effective strategic co-ordination of investment in prevention and early intervention services.

- Ensure staff are equipped to support people in taking proportionate risks and safeguarding procedures are adhered to.

- Ensure people with a disability are able to access information and advice and have options in how they contact ASC.

- Continue to promote programmes to develop digital skills and inclusion amongst our client group.

- Supporting people with disabilities to claim their Department for Work and Pensions (DWP) benefits.

- We need to increase the diversity of the ASC workforce so we have the skills and capacity to respond effectively to the changing population profile and their needs.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

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- 'Preparing for Adulthood - Next Steps' programme will help to prepare young people with a disability in transition for independent living, employment, using public transport etc.

- The Council is supporting residents through the cost of living crisis with a range of practical support, advice and signposting for residents most in need.

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

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RACE INCLUDING ETHNIC OR NATIONAL ORIGINS, COLOUR OR NATIONALITY

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

According to the 2021 Census data, 76.6% of Surrey residents reported that they identified as White British, alongside 8.9 per cent who reported that they were 'White Other'. Therefore, 14.5 per cent of Surrey residents reported that they identified as non-White. The residents who identified as Asian made up the largest percentage of the non-White Surrey population and represented 7.7 per cent of all Surrey residents in 2021. Those who identified as Mixed or of Multiple ethnicities represented 3.4 per cent of the overall Surrey population and residents who identified as Black represented 1.7 per cent.

Woking had the highest proportion of non-'White British' residents in 2021, consisting of the highest proportion of residents identifying as Asian (14.2%) and the second highest prevalence of residents who identified as other White ethnicities (11.2%) in Surrey. Elmbridge had the highest proportion of residents who identified as other White ethnicities which were not White British (12.0%). Epsom and Ewell had the highest proportion of residents who identified as Black (4.4%) in Surrey.

Black and minority ethnic men tend to have poorer access to, and uptake of, healthcare for a range of services, including mental health, screening and testing. Some groups of international migrants in the UK avoid the use of the NHS because of the current NHS charging regime for migrants or through fear of their data being shared with the Home Office for immigration enforcement purposes. Maternal and infant outcomes remain very poor for many women from ethnic minority groups, particularly among those women who have recently migrated to the UK. Women from Asian and Black African communities, women living in poverty, and women seeking refuge and asylum are significantly more likely to die in childbirth compared to their White British counterparts[4].

The number of people supported by Adult Social Care by ethnicity:

Ethnicity	Number of open cases	% of open cases
Asian / Asian British		
Indian	260	1.1%
Pakistani	232	1.0%
Bangladeshi	59	0.3%
Chinese	54	0.2%
Any other Asian background	253	1.1%
Black / African / Caribbean / Black British		
African	115	0.5%
Caribbean	105	0.5%
Any other Black / African / Caribbean background	73	0.3%
Other ethnic group		
Arab	35	0.2%
Other	238	1.0%

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[4]   Surrey Covid-19 Community Impact Assessment "Ethnic Minority Rapid Needs Assessment", 2020

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Ethnicity	Number of open cases	% of open cases
White		
English / Welsh / Scottish / Northern Irish / British	16,931	72.8%
Irish	202	0.9%
Gypsy or Irish Traveller	25	0.1%
Any other White background	725	3.1%
Mixed / multiple ethnic groups		
White and Black Caribbean	59	0.3%
White and Black African	36	0.2%
White and Asian	75	0.3%
Any other mixed / multiple ethnic background	157	0.7%
No data		
Refused	74	0.3%
Un-declared / Not known	3,548	15.3%
Grand Total	**23,256**	**100.0%**

Source - LAS 11 September 2023

Service users and residents could be **impacted in a positive or negative way** as follows:

+ People of different races will be encouraged to explore support available from within their community (Demand Management).

+ Online information will be more accessible with better automated translation from computer browsers (Demand Management).

- People for whom English is a second language may find it difficult to communicate with Adult Social Care (Demand Management).

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

• Continue to embed strengths-based practice.

• Continue to grow staff knowledge of local community-based resources by working with their Community & Prevention officers to understand the resources available and where there are gaps to fill, and using the Councils Connect to Support Surrey directory of services.

• Continue work to improve our digital information and advice offer by reviewing resources, gathering feedback on what residents need and developing information and advice a part of our wider prevention offer.

• Continue to ensure information and advice is accessible.

• Ensure translation is arranged to enable people to make their voice heard.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?
None

Any negative impacts that cannot be mitigated?

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There are no negative impacts that cannot be mitigated

RELIGION OR BELIEF INCLUDING LACK OF BELIEF

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Christianity was the largest religion reported by Surrey residents in the 2021 Census. 50.1% of Surrey residents reported that they were Christian (603,072). 36.6% of Surrey residents reported 'no religion' (40,069). Non-Christian religions were reported by 7.0% of Surrey residents (84,641) in 2021. Islam was the second most common religion in Surrey, where Muslims represented 3.2% of Surrey residents (38,138).

The number of people supported by Adult Social Care by religion is set out in the table below. We share this data with teams monthly and actively encouraging workers to record religion as this is an important part of having a strengths-based conversations when we are trying to support people to their community.

Religion	Number of open cases	% of open cases
Buddhist	38	0.2%
Christian	9,212	39.6%
Hindu	113	0.5%
Jewish	58	0.2%
Muslim	359	1.5%
Sikh	55	0.2%
Other	483	2.1%
Declined / Refused	1,122	4.8%
No Religion or Belief / None	2,531	10.9%
Undeclared / Not known	9,285	39.9%
Total	**23,256**	**100.0%**

Source - LAS 11 September 2023

Service users and residents could be **impacted in a positive or negative way** as follows:

+ People with a religion or belief system will be encouraged to access support from within their faith community (Demand Management).

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

• Continue to embed strengths-based practice.

• Continue to grow staff knowledge of local community-based resources by working with their Community & Prevention officers to understand the resources available and where there are gaps to fill, and using the Councils Connect to Support Surrey directory of services

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What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

None

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

CARERS PROTECTED BY ASSOCIATION

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid'[5]. Carers are the largest source of support for disabled and vulnerable people and the most significant form of 'social capital' in our communities. Effective support for carers is therefore critical for the effective delivery of both health and social care services.

In the 2021 Census, 8.0% (90,497) of residents reported that they provided unpaid care. The largest groups within unpaid carers were residents who provided 9 hours or less unpaid care a week (3.5% of the usual population, representing 39,968 residents) and residents who provided 50 or more hours of unpaid care a week (2.1% of the usual population, representing 23,469 residents). When accounting for the age structure and population size, the proportion of Surrey residents who provided unpaid care (8.0%) was lower than the South East (8.5%) and England (8.9%) averages.

Based on the Valuing Carers 2015 research, carers save the public purse an estimated £1.8 billion a year in Surrey. The figure for the UK is estimated at £132 billion[6]. Investing in Surrey carers services is good value, reducing the impact on our health and care providers and preventing emergency admission.

- It has been calculated that every £1 spent on carers saves the NHS £4[7].
- Every £1 spent on preventative support for carers saves Surrey County Council £2.97 in replacement care costs[8].
- Each £1 invested in supporting young carers saves children's social care £3[9].

The impact of caring can be detrimental to carers' health owing to a number of factors, including stress related illness or physical injury. Carers may experience financial hardship as a result of their caring role. The impact of caring is partly dependent on the number of hours spent caring. Other factors might include whether a carer is in employment, and for older carers there is an impact on health.

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[5] Action for Carers Surrey - What We Do - Working definition of a carer
[6] Carers UK Valuing Carers 2015 – The Rising Value of Carers' Support, 2015
[7] Royal College of General Practitioner/Baker Tilly 2014
[8] Department of Health/ADASS 2015
[9] Ecorys 2019

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Surrey's ageing population means that more 65+ are caring for the 'older-old'. Many are also still in paid employment or grandparents juggling caring responsibilities with looking after grandchildren. Older carers spend more hours per week caring, which has consequences for their physical and mental health. Health outcomes worsen with the number of hours spent caring or in those experiencing strain caused by their responsibilities. Carers report mental health problems including depression and may also risk physical injuries such as back strain. Carers are also at higher risk of death or life-changing impacts from heart attacks and strokes[10].

The 'Kids Who Care' survey of over 4,000 school children showed that one in twelve (8%) had caring responsibilities, equating to some 700,000 young carers in the UK – four times the number identified in the 2001 Census (175,000)[11]. Based on the projected population of young people aged 5-17 years, this suggests that in 2016 there may be approximately 14,750 young carers aged 5-17 living in Surrey[12].

Surrey has higher expected numbers of carers of people with a learning disability than in other parts of the country, due to a historic, disproportionately high learning disability population.

The number of carers supported by Adult Social Care by age:

Age Band	Number of Carers	% of carers
Under 18	5	0.1%
18-44	276	8.1%
45-54	656	19.1%
55-64	1,075	31.3%
65-74	659	19.2%
75-84	481	14.0%
85-94	172	5.0%
95+	7	0.2%
Not Known	103	3.0%
Total	**3,432**	**100.0%**

Source - LAS 11 September 2023

Carers could be **impacted in a positive or negative way** as follows:

+ Carers may benefit from the reassurance offered by Technology Enabled Care, whereby the person they care for is being supported by a monitoring and responder service (Demand Management).

+ Carers, particularly working age and young carers will have access to information, advice and support at times which are convenient for them, with the on-going development of our digital front door information and advice offer (Demand Management).

+ Continue to offer carers of people with disabilities effective support and engagement in planning for their loved one's future wellbeing and support (Demand Management).

- Carers may be resistant to, and feel anxious about, change (Demand Management).

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[10] The Independent Annual Report of the Director of Public Health Surrey County Council, 2018
[11] Conducted for the BBC by the University of Nottingham in 2010
[12] Surrey CC Joint Strategic Needs Assessment, 2017

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- Carers may feel obliged to take on more of a caring role (Demand Management).

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Strengthen the range of Technology Enabled Care on offer to people and ensure carers understand the benefits.
- Strengthen the range and accessibility of information and advice and support available to carers.
- Continue to embed strengths-based practice.
- Ensure carers are assessed in their own right and have a support plan.
- Continue to involve carers in the co-design of new services.
- Provide clear communication to help carers understand why and how services are changing.
- Listen to carers concerns and reflect these into service design.
- Continue to support carers in their caring role.
- Monitor the use of carers' services to ensure equitable access.
- Ensure any young carers are identified and given support.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

None

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

3. Staff

AGE

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

Under 30s ASC – 9.6%, 12.3% for all SCC.
Over 50 ASC – 44.6%, 41.3% for all SCC.

Source – Workforce March 2023

Staff could be **impacted in a positive or negative way** as follows:

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+ The review of organisational structure and accountabilities associated with redesigning the front door may create opportunities for staff of all ages to develop new skills and to take on new roles and responsibilities (Demand Management).

+ The review of organisational structure associated with redesigning the front door may create new entry level roles to support young people/or people of any age to join the workforce and benefit from professional development through the apprenticeship programme (Demand Management).

+ Workforce redesign may offer new opportunities for staff of all ages to work in different ways (Workforce Redesign)

- Review of Older People, Learning Disability and Extra Care in-house services may disproportionately impact older staff who may find it more challenging to find alternative employment (Review In-House Services).

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Ensure any review of organisational structure and accountabilities is supported by HR and formal consultation and SCC change management policies and processes followed.

- A variety of communication and engagement methods will be used to ensure all staff of all ages are able to access information and respond to it.

- Support in place to facilitate redeployment opportunities for staff of all ages.

- Consider opportunities for apprentice and entry level roles across the service open to all candidates.

- Consider the potential for positive action for young people.

- Consider opportunities to support early careers including trainee roles, apprentices and the Kick starter scheme alongside opportunities to partner with health on entry level careers across health and social care.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

-

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated.

DISABILITY

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

ASC Disability – 3.5%, 3.8% for all SCC

Source – Workforce March 2023

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Staff could be **impacted in a positive or negative way** as follows:

- Any change to organisation structure or location associated with workforce redesign could mean staff with a disability may find travelling to perform their duties more challenging (Workforce Redesign)
- Any change to organisation structure or location associated with workforce redesign could mean staff with a disability have to revisit / justify their reasonable adjustments (Workforce Redesign)
- The on-going pressure to deliver efficiencies may impact staff wellbeing, particularly for those with a disability or underlying mental health challenges.
- Review of Older People, Learning Disability and Extra Care in-house services may disproportionately impact staff with a disability who may find it more challenging to find alternative employment (Review In-House Services).

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Ensure any review of organisational structure and accountabilities is supported by HR and a formal consultation process.
- Ensure staff are engaged and consulted regarding changes to location, reasonable adjustment and Work Base Relocation Grant etc.
- Staff are offered redeployment opportunities.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

- Agile working – will provide people with the tools to work from any location. It will not apply to every role and every individual but focuses on the principle that work is something we do, not somewhere we go

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

SEX

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

ASC gender – 83.1% female, 73% for all SCC

Source – Workforce March 2023

Staff could be **impacted in a positive or negative way** as follows:

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- Any change to organisation structure or location is likely to mean female staff are disproportionately impacted (Workforce Redesign).
- The higher proportion of women in the workforce would suggest women may be disproportionately impacted by changes in the in-house services (Review In-House Services).

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Ensure any review of organisational structure and accountabilities is supported by HR and a formal consultation process, SCC change management policies and processes.
- A variety of communication and engagement methods will be used to ensure all staff are able to access information and respond to it.
- Support in place to facilitate redeployment opportunities.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

Agile working – will provide people with the tools to work from any location. It will not apply to every role and every individual but focuses on the principle that work is something we do not somewhere we go

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

CARERS PROTECTED BY ASSOCIATION

Describe here the considerations and concerns in relation to the programme/policy for the selected group.

The following data is taken from a Council wide survey for carers completed in 2019[13]. Due to the way data was gathered it is not possible to extrapolate data specifically related to the ASC workforce.

- 68.3% of participants are managing a fulltime job on top of their caring role
- 76.7% were in the age range of 40-69, this is in contrast to the national peak age for caring which is between 45-64 years
- 84.41% were female, this does not represent the national picture of 48% male
- 57.44% of staff said that their line manager knew of their caring role

This survey has not been repeated so newer data is not available

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[13]   Surrey County Council Supporting Staff Carers' Survey Report 2020

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Staff could be **impacted in a positive or negative way** as follows:

- Any change to organisation structure or location associated with workforce redesign, could mean staff with a caring responsibility find travelling to perform their duties more challenging (Workforce Redesign).

- The higher proportion of women in the workforce would suggest they are more likely to have caring responsibilities which may be impacted by changes (Review In-House Services; Workforce Redesign).

Describe here suggested mitigations to inform the actions needed to reduce inequalities.

- Ensure any review of organisational structure and accountabilities is supported by HR, a formal consultation process, Work Base Relocation Grant etc.

- Ensure reasonable adjustments continue to be made.

What other changes is the council planning/already in place that may affect the same groups of residents? Are there any dependencies decision makers need to be aware of?

- Agile working – will provide people with the tools to work from any location. It will not apply to every role and every individual but focuses on the principle that work is something we do not somewhere we go

Any negative impacts that cannot be mitigated?

There are no negative impacts that cannot be mitigated

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4. Recommendation

Based your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation below.

- **Outcome One: No major change to the policy/service/function required.** This EIA has not identified any potential for discrimination or negative impact, and all opportunities to promote equality have been undertaken
- **Outcome Two: Adjust the policy/service/function** to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
- **Outcome Three: Continue the policy/service/function** despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are:
  - Sufficient plans to stop or minimise the negative impact
  - Mitigating actions for any remaining negative impacts plans to monitor the actual impact.
- **Outcome Four: Stop and rethink the policy** when the EIA shows actual or potential unlawful discrimination. (For guidance on what is unlawful discrimination, refer to the Equality and Human Rights Commission's guidance and Codes of Practice on the Equality Act concerning employment, goods and services and equal pay).

Recommended outcome:

Outcome Three: Continue the policy/service/function

Explanation:

There will be many positive impacts for people who use services and their carers arising from the transformational changes being implemented across Adult Social Care to drive through the efficiencies in the 2024/25 MTFS. We will continue to build upon people's strengths and help them stay connected to their community and use Technology Enabled Care to enable people to remain independent at home. We are adapting our therapy-led reablement offer and working to improve mental health services. For people with learning disabilities and autism we are remodelling day services, transport arrangements and continuing the shift to independent living. There will be new accommodation models as we expand affordable Extra Care Housing for Older People and conclude the review of our in-house services. However, with the need to save a further £23.5m in 2024/25, it is acknowledged that whilst actions are in place to mitigate and minimise negative impacts it will be difficult to do so in all cases. Adult Social Care is working in an increasingly challenging environment with reductions in government funding, an ageing population, growing numbers of young people moving into adulthood who need services and an increasingly fragile care market. The pandemic added another level of complexity, with a particular impact on mental health and acuity of need. There is also the challenge of a cost of living crisis which we know has a disproportionate impact on people with a disability, as a wider council a range of help exists but also mitigations through making sure people are claiming DWP benefits.

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which is impacting many residents as well as the emerging financial challenges for the borough and district councils in Surrey which will impact the provision of community and prevention service which many rely upon.

Potential negative impacts arising from our efficiency savings will affect people with age, disability, race and carers protected characteristics. For example:

- Some decisions on placements for older people needing residential and nursing care may mean they are offered settings at a distance from their family and support network.
- Tough conversations with people, their families and carers about what ASC can do and what they need to do for themselves.
- Increasing demands upon the voluntary, community and faith sector to support people in the community putting them under further pressure at a time when they are recovering from the pandemic and struggling with the demands arising from the cost of living crisis.
- Potential quality assurance and safeguarding issues around the care provided by family, friends and community networks.
- Carers may be anxious about what changes will mean for them and for the wellbeing of the people they care for. They may feel obliged to take on more of a caring role, leading to issues in their own work-life balance if they are employed, or a detrimental impact on their health if they are an older carer.
- Risk of reduced access to information, advice and services for digitally excluded residents who do not have access to equipment or are unable to receive support remotely.

The mitigations we have in place include our on-going investment in prevention and early intervention, continuous improvement of models of care, looking for creative ways to use technology, working to improve our information and advice offer and delivering on our commitment to co-design. We will also continue the on-going strategic shift to independent living, as well as supporting carers and our staff who deliver vital support to our residents.

Adult Social Care is absolutely committed to providing a consistent and good quality service where it is needed most, but also has to do so within the financial and other resources available to the Council. This means at times some difficult decisions have to be taken, but the leadership team believes there are sufficient plans in place to minimise the negative impacts for services users and residents.

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5. Action plan and monitoring arrangements

Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
1.	On-going	Continue to **embed strengths-based practice** by: • Introducing more specificity to support plans with clearer personalised outcomes that fully explore the use of universal services and creative solutions that deliver these outcomes and best value for money • Ensuring staff take the time to listen to, and respond to, anxieties so that people and their families feel reassured • Using success stories to reassure families/ local residents • Exploring how family, friends and the local community can support older and working age residents to access community-based services • Continue to secure personalised packages of care to meet the changing needs of people over 65 years of age. • Ensuring people are equipped and their needs are suitable to access community resources • Growing staff's knowledge of local community-based resources • Equipping staff to support people in taking proportionate risks and adhere to safeguarding procedures • Ensuring robust safeguarding arrangements are in place	Chief Operating Officer Area Director East & Mid Area Director South West Director of Disabilities	31 March 2025 and beyond		
2.	On-going	Continue to **improve models of care** by:	Director of Disabilities	31 March 2025 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
		• Embedding the Surrey Choices 'changing days' programme and expanding the 'shared lives' offer • Ensuring Surrey residents, carers, community groups and all other stakeholders are clear about how quality and/or safeguarding concerns can be raised and with whom • Improving the flow of information and data from Children's Services about children and young people expected to transition into Adult Social Care • On-going development of a therapy led reablement service • On-going work to align services and integrate the approach to mental health with physical health and social wellbeing • Working with health and community partners to deliver the LD Health/Complex Needs change programme • Facilitating a broad discussion with families including the option of top-up arrangements to extend choice • Looking for creative ways to make the setting on offer work for families	Director Integrated Commissioning			
3.	On-going	Continue our **commitment to co-design** by: • Listening to the voices of people who use services, their carers and networks to co-design and reshape services • Engaging with a range of stakeholders, including residents, their families and advocates	Chief Operating Officer Area Director East & Mid Area Director South West	31 March 2025 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
			Director of Disabilities			
4.	On-going	Continue to invest in **prevention and early intervention** by: • Working corporately to ensure effective strategic co-ordination of investment in prevention and early intervention services • Collaborating with partners to support the role of the voluntary, community and faith sector by: o Continuing to invest in VCFS organisations through AWHP grants and contracts o Moving to let contracts with VCFS organisations over extended periods of time (4-7 years) to give stability o Working with VCFS organisations as part of our place-based groups, neighbourhood boards and local joint commissioning groups to ensure they are part of local decision making and solutions o Looking for creative and innovative ways to deliver services with the support of our VCFS partners eg exploring opportunities to undertake reviews o Co-producing with VCFS organisations to ensure their voice is heard in developing commissioning strategies and services etc	Chief Operating Officer Area Director East & Mid Area Director South West Director of Disabilities Director Integrated Commissioning Assistant Director Transformation	31 March 2025 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
		• Supporting people with disabilities to claim their Department for Work and Pensions (DWP) benefits.				
5.	On-going	Continue to improve our **information and advice** offer by: • Ensuring information and advice is accessible • Ensuring people with a disability are able to access information and advice and have options in how they contact ASC • Arranging translation to enable people to make their voice heard • Ensuring access and on-going communication channels are available for people of all ages who are digitally excluded	Head of Resources Chief of Staff	31 March 2025 and beyond		
6.	On-going	Continue to **use technology** to improve service delivery by: • Promoting programmes to develop digital skills and inclusion amongst our client group • Improving our digital information and advice offer • Strengthening the range of Technology Enabled Care on offer to people and ensure carers understand the benefits	Head of Resources	31 March 2025 and beyond		
7.	On-going	Continue to make the **strategic shift to independent living** by: • Delivering the 'move on' project to support people with learning disabilities and autism move from residential to independent living • Continue work to deliver 725 units of affordable Extra Care Housing by 2030	Director Integrated Commissioning Director of Disabilities	31 March 2025 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
		• Delivering the programme of deregistration to support providers shift from residential to independent living • Collaborating with provider partners to develop new supported independent living provision to complement any additional capacity developed by SCC • Identifying family carers 70yrs+ and offering effective support and engagement using the family carers network to assist in conversations				
8.	On-going	Continue to support **carers** by: • Ensuring they are assessed in their own right and have a support plan • Involving carers in the co-design of new services • Listening to their concerns and reflecting these into service design • Ensuring young carers are identified and given support • Monitoring the use of carers' services to ensure equitable access • Providing clear communication to help carers understand why and how services are changing • Strengthening the range and accessibility of information and advice and support available	Area Director South West (operational carers lead) Head of Commissioning (Carers)	31 March 2025 and beyond		
9.		Continue to support **staff** by: • Ensuring a variety of communication and engagement methods are used to ensure all staff are able to access information and respond to it	Chief Operating Officer (ASC workforce lead)	31 March 2025 and beyond		

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Item	Initiation Date	Action/Item	Person Actioning	Target Completion Date	Update/ Notes	Open/ Closed
		• Considering positive action for young people, including trainee roles, apprentices and the Kick starter scheme alongside opportunities to partner with health on entry level careers across health and social care • Ensuring any review of organisational structure and accountabilities is supported by HR, staff are engaged and consulted, we facilitate redeployment opportunities, Work Base Relocation Grant is offered and change management policies and processes are followed • Ensuring reasonable adjustments continue to be made where appropriate for people with protected characteristics • Continuing professional development of mental health staff including Care Act, strengths-based practice, motivational interviewing etc	People Business Partner			

6a. Version control

Version Number	Purpose/Change	Author	Date
1	Initial draft	Kathryn Pyper	25 September 2023
2	Updated draft to include workforce data and new efficiency savings	Kathryn Pyper	13 October 2023

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Version Number	Purpose/Change	Author	Date
3	Changes made in response to feedback from Executive Director - names removed from action plan, strengthened impact of cost of living crisis, included need to increase the diversity of the ASC workforce	Kathryn Pyper	31 October 2023
4	Updates in response to Select Committee questions	Kathryn Pyper	4 December 2023
5	Detail added on how we will collaborate with partners to support the role of the voluntary, community and faith sector, in response to Select Committee challenge Explain missing/null primary support reason in the resident disability data	Kathryn Pyper	14 December 2023

The above provides historical data about each update made to the Equality Impact Assessment.

Please include the name of the author, date and notes about changes made – so that you can refer to what changes have been made throughout this iterative process.

For further information, please see the EIA Guidance document on version control.

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6b. Approval

Secure approval from the appropriate level of management based on nature of issue and scale of change being assessed.

Approved by	Date approved
Head of Service	
Executive Director	Helen Coombes - 16 October 2023
Cabinet Member	Sinead Mooney – 15 December 2023 Mark Nuti – 15 December 2023
Directorate Equality Group	

6c. EIA Team

Name	Job Title	Organisation	Team Role
Barbara Anu	EDI Manager	Adult Social Care, SCC	Equalities and Diversity Manager
Wil House	Strategic Finance Business Partner for ASC	Resources, SCC	Finance
Charlotte Langridge	Business Intelligence Lead	Adult Social Care, SCC	Business Intelligence
Kathryn Pyper	Chief of Staff	Adult Social Care, SCC	Equalities and Diversity Lead
Nick Sponder	Assistant People Business Partner	HR & OD, SCC	Workforce Intelligence and insight

If you would like this information in large print, Braille, on CD or in another language please contact us on:

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